

#21

Under the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of information unless it displays a valid OMB control number.

O'1
MAR 3 2003

TM TRADEMARK

PETITION FOR EXTENSION OF TIME UNDER 37 CFR 1.136(a)

Docket Number (Optional)
2578-4230US

In re Application of Vogels et al.

Application Number 09/214,836 Filed October 4, 1999

For MELANOMA ASSOCIATED PEPTIDE ANALOGUES AND
VACCINES AGAINST MELANOMAGroup Art Unit
1642 Examiner
S. Rawlings

RECEIVED

APR 03 2003

OFFICE OF PETITIONS

This is a request under the provisions of 37 CFR 1.136(a) to extend the period for filing a response in the above identified application.

The requested extension and appropriate non-small-entity fee are as follows (check time period desired):

<input type="checkbox"/> One month (37 CFR 1.17(a)(1))	\$ _____
<input type="checkbox"/> Two months (37 CFR 1.17(a)(2))	\$ _____
<input checked="" type="checkbox"/> Three months (37 CFR 1.17(a)(3))	\$930.00
<input type="checkbox"/> Four months (37 CFR 1.17(a)(4))	\$ _____
<input type="checkbox"/> Five months (37 CFR 1.17(a)(5))	\$ _____
<input type="checkbox"/> Applicant claims small entity status. See 37 CFR 1.27. Therefore, the fee amount shown above is reduced by one-half, and the resulting fee is: \$ _____.	
<input checked="" type="checkbox"/> A check in the amount of the fee is enclosed.	
<input type="checkbox"/> Payment by credit card. Form PTO-2038 is attached.	
<input type="checkbox"/> The Commissioner has already been authorized to charge fees in this application to a Deposit Account.	
<input checked="" type="checkbox"/> The Commissioner is hereby authorized to charge any fees which may be required, or credit any overpayment, to Deposit Account Number <u>20-1469</u> .	

I have enclosed a duplicate copy of this sheet.

I am the applicant/inventor.

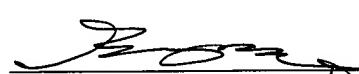
assignee of record of the entire interest. See 37 CFR 3.71
 Statement under 37 CFR 3.73(b) is enclosed. (Form PTO/SB/96).
 attorney or agent of record.
 attorney or agent under 37 CFR 1.34(a).

Registration number if acting under 37 CFR 1.34(a).

WARNING: Information on this form may become public. Credit card information should not be included on this form. Provide credit card information and authorization on PTO-

Adjustment date: 04/18/2003 AKELLEY
 04/03/2003 AWONDAF1 00000091 09214836
 -930.00 OP
 03 FC:1253

March 31, 2003



Signature

Bretton L. Crockett Reg. No. 44,632

Typed or printed name

03 FC:1253: 04/18/2003 AKELLEY 09214836 OP
 DAH:201469 Name/Number:09214836
 FC: 9204 \$930.00 CR

NOTE: Signatures of all the inventors or assignees of record of the entire interest or their representative(s) are required. Submit multiple forms if more than one signature is required, see below*.

*Total of 1 forms are submitted.

CERTIFICATE OF MAILING

Express Mail Label Number: EV209822667US

Date of Deposit: March 31, 2003

Person Making Deposit: Matthew Wooton

Burden Hour Statement: This form is estimated to take 0.1 hours to complete. Time will vary depending upon the needs of the individual case. Any comments on the amount of time you are required to complete this form should be sent to the Chief Information Officer, U.S. Patent and Trademark Office, Washington, DC 20231. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Commissioner for Patents, Washington, DC 20231.

UNITED STATES PATENT & TRADEMARK OFFICE
Washington, D.C. 20231

REQUEST FOR PATENT FEE REFUND				
1 Date of Request: <u>4-9-03</u>		2 Serial/Patent # <u>09214836</u>		
3 Please refund the following fee(s):		4 PAPER NUMBER	5 DATE FILED	6 AMOUNT
<input checked="" type="checkbox"/> Filing				\$
<input checked="" type="checkbox"/> Amendment				\$
<input checked="" type="checkbox"/> Extension of Time		21	3-31-03	\$ 930.00
<input type="checkbox"/> Notice of Appeal/Appeal				\$
<input type="checkbox"/> Petition				\$
<input type="checkbox"/> Issue				\$
<input type="checkbox"/> Cert of Correction/Terminal Disc.				\$
<input type="checkbox"/> Maintenance				\$
<input type="checkbox"/> Assignment				\$
<input type="checkbox"/> Other				\$
		7 TOTAL AMOUNT OF REFUND	\$ 930.00	
8 TO BE REFUNDED BY:				
<input checked="" type="checkbox"/> Overpayment		Treasury Check		
<input checked="" type="checkbox"/> Duplicate Payment		Credit Deposit A/C #: 9 20 -- 1469		
<input checked="" type="checkbox"/> No Fee Due (Explanation):		EDT filed outside of maximum extendable time frame - not applicable		
11 REFUND REQUESTED BY:				
TYPED/PRINTED NAME: <u>Liana Chase</u>		TITLE: <u>Reg. Asst.</u>		
SIGNATURE: <u>Liana Chase</u>		PHONE: <u>3030-0482</u>		
OFFICE: <u>OFC. of Petitions</u>				
***** THIS SPACE RESERVED FOR FINANCE USE ONLY *****				
APPROVED: <u>Alissa Kelly</u>		DATE: <u>4/18/03</u>		

Instructions for completion of this form appear on the back. After completion, attach white and yellow copies to the official file and mail or hand-carry to:

Office of Finance
Refund Branch
Crystal Park One, Room 802B